



Health Questionnaire

Private & Confidential

full name:.....

emergency contact name & number:.....

normal contact number & email:.....

If you have practised yoga before...

years/months practised:.....2-3yrs ago / 3-5yrs ago / longer ago

style of yoga practised:.....

how did you hear about this class:.....

do you participate in any other physical activities eg. gym, jogging, swimming, cycling?

.....

how regularly do you do this:.....

please tick the boxes if you have a history of the following.

If the condition is still current please indicate with a 'c':

abdominal disorder		blood pressure - low		hip problems	
arthritis		cancer		knee problems	
asthma		diabetes		migraine	
back pain		epilepsy		shoulder/neck problem	
blood pressure - high		heart disorders			

please give details of any other illnesses, recent injury or surgery, medication and any other areas of the body where you have pain or limited movement:

please let us know if you develop any new medical conditions.

please note that it is not advisable to practice yoga in the first 3 months of pregnancy.

I undertake to practice yoga safely, without undue strain or force and to take responsibility for my body.

signed:..... date:.....